## PART B - FEE(S) TRANSMITTAL

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BACHMAN & 900 CHAPEL ST SUITE 1201	I her State addr trans	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVENTOR		A'TTORN	EY DOCKET NO.	CONFIRMATION NO.
10/524,358	358 08/08/2005		Badreddine Bergaya		05-189 6329		
FITLE OF INVENTION IN THE DENTAL FIELI		PRODUCING A MATE	RIAL USED TO RESTOR	E A MINERALIS	ED SUBS	TANCE, PARTICU	ULARLY
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE 1	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	10/12/2010
EXAMI	INER	ART UNIT	CLASS-SUBCLASS				
HOBAN, MATTHEW E		1793	433-226000				
<ul> <li>Change of correspondence address or indication of "Fee Address" (CFR 1.363).</li> <li>Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.</li> </ul>			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	a single firm (having as a member a new or agent) and the names of up to ent attorneys or agents. If no name is			
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIC	ess an assignee is ident n in 37 CFR 3.11. Comp GNEE	ified below, no assignee	THE PATENT (print or type data will appear on the part a substitute for filing an a (B) RESIDENCE: (CITY ST. MA	tent. If an assigned assignment.	OUNTRY	<b>'</b> )	cument has been filed for
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent) :	Individual 📮 Co	rporation	or other private grou	ip entity Government
	re submitted: o small entity discount p	<ul> <li>Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number</li></ul>					
5. Change in Entity Stat	us (from status indicated S SMALL ENTITY statu	•	☐ b. Applicant is no long				
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Authorized Signature	/Barry L. Ke	lmachter #2999	99/	Date Sep	tembe	r 22, 2010	
	Barry L. Ke			Registration N			
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